

**STATE OF ILLINOIS**  
**Torture Inquiry and Relief Commission**

**FORM TO FILE CLAIM OF TORTURE WITH TIRC**

1. Name and current address (name of facility) of person claiming to have been tortured:

---

---

---

2. Name and current address of person signing this form (if different than No. 1 above):

---

---

---

3. Details of claimant's felony conviction based upon allegedly tortured confession:

- a. Circuit Court: \_\_\_\_\_
- b. Year: \_\_\_\_\_
- c. Crimes of Conviction: \_\_\_\_\_
- d. Sentence: \_\_\_\_\_
- e. Case Number (if known): \_\_\_\_\_

4. Details of alleged torture:

- a. Law enforcement agency: \_\_\_\_\_
- b. Dates: \_\_\_\_\_
- c. Names of persons committing alleged torture: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Brief description of alleged torture: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

